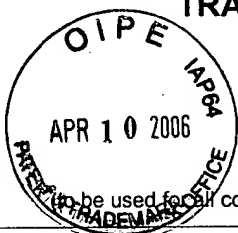
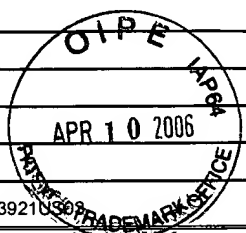


TRANSMITTAL FORM		Application Number		09/924,110	
 to be used for all correspondence after initial filing)		Filing Date		August 7, 2001	
		First Named Inventor		Carter et al.	
		Art Unit		3738	
		Examiner Name		Alvin J. Stewart	
		Attorney Docket Number		RTI-118IB 0915/13921US03	
Total Number of Pages in This Submission		36			
ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Request For Continued Examination Under 37 C.F.R. §1.114 with Exhibits A-D attached thereto <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Petition For Three Month Extension of Time <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	
		Remarks			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm	McAndrews Held & Malloy, Ltd.				
Signature	<i>[Signature]</i>				
Printed Name	Donald J. Pochopien, Reg. No. 32,167				
Date	April 7, 2006				
CERTIFICATE OF MAILING					
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 7, 2006.					
Name (Print/type)	Donald J. Pochopien	Registration No. (Attorney/Agent)	32,167		
Signature	<i>[Signature]</i>		Date	April 7, 2006	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818). <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">for FY 2006</h3>		Complete if Known <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/924,110</td> </tr> <tr> <td>Filing Date</td> <td>August 7, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Carter et al.</td> </tr> <tr> <td>Examiner Name</td> <td>Alvin J. Stewart</td> </tr> <tr> <td>Art Unit</td> <td>3738</td> </tr> <tr> <td>Attorney Docket No.</td> <td>RTI-118IB 0915/13921US02</td> </tr> </table>		Application Number	09/924,110	Filing Date	August 7, 2001	First Named Inventor	Carter et al.	Examiner Name	Alvin J. Stewart	Art Unit	3738	Attorney Docket No.	RTI-118IB 0915/13921US02
Application Number	09/924,110														
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First Named Inventor	Carter et al.														
Examiner Name	Alvin J. Stewart														
Art Unit	3738														
Attorney Docket No.	RTI-118IB 0915/13921US02														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT (\$) 1810.00															
METHOD OF PAYMENT (check all that apply)															
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____															
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply)															
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee															
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17															
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.															
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)															
1. BASIC FILING, SEARCH, AND EXAMINATION FEES															
	FILING FEES		SEARCH FEES		EXAMINATION FEES										
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)								
Utility	300	150	500	250	200	100	_____								
Design	200	100	100	50	130	65	_____								
Plant	200	100	300	150	160	80	_____								
Reissue	300	150	500	250	600	300	_____								
Provisional	200	100	0	0	0	0	_____								
							Small Entity								
							Fee (\$)								
							Fee (\$)								
Each claim over 20 (including Reissues)							50 25								
Each independent claim over 3 (including Reissues)							200 100								
Multiple dependent claims							360 180								
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)									
_____ -20 or HP		_____ x		=		_____									
HP = highest number of total claims paid for, if greater than 20															
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)									
_____ -3 or HP		_____ x		=		_____									
HP = highest number of independent claims paid for, if greater than 3															
2. EXCESS CLAIM FEES															
Fee Description															
							Small Entity								
							Fee (\$)								
							Fee (\$)								
Each claim over 20 (including Reissues)							50 25								
Each independent claim over 3 (including Reissues)							200 100								
Multiple dependent claims							360 180								
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)									
_____ -20 or HP		_____ x		=		_____									
HP = highest number of total claims paid for, if greater than 20															
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)									
_____ -3 or HP		_____ x		=		_____									
HP = highest number of independent claims paid for, if greater than 3															
3. APPLICATION SIZE FEE															
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).															
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)									
_____ -100		_____ /50		_____ (round up to a whole number)		x _____ = _____									
4. OTHER FEE(S)															
							Fee Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)							_____								
Other (e.g., late filing surcharge): <u>Petition For Three Month Extension Of Time</u>							1020.00								
<u>Request For Continued Examination (RCE)</u>							790.00								
SUBMITTED BY															
Signature		Registration No. (Attorney/Agent)		32,167		Telephone (312)775-8000									
Name (print/type)		Donald J. Pochoplen		Date		April 7, 2006									